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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/778,034
Filing Date	02-10-2004
First Named Inventor	SAYET, PETER H.
Art Unit	3735
Examiner Name	LACYK, JOHN P
Attorney Docket Number	7047-3-3

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 30448

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

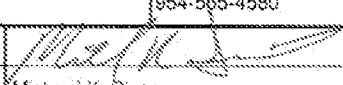
The reasons for this request are: The client has ceased all communication with the undersigned law firm and refuses to respond to numerous written communications, as well as voice-mail messages, which have been sent thereby rendering it unreasonably difficult to represent the client. In addition, the client has failed to comply with a mutually agreed upon payment agreement and is delinquent in the payment of several invoices.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	PETER SAYET PRECISION MEDICAL DEVICES		
Address	2727 East Oakland Park Blvd., Suite 205F		
City	Fort Lauderdale	State	FL Zip 33348-0191
Country	U.S.A.		
Telephone	954-565-4580	Email	speterh@hotmail.com
Signature			
Name	Michael K. Dixon	Registration No.	46,665
Date	OCTOBER 22, 2009	Telephone No.	(561) 653-5000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.